

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37431

FILED DEC 12 1950

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>541</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin,</u>		c. LENGTH OF STAY (In this place) <u>Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowell, Kansas</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clara</u>		b. (Middle) <u>Reuther</u>		c. (Last) <u>Calvert</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>1</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 30 1869</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Reuther</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Kagle</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>(If yes, give war or dates of service)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Reuther</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Senility</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardiac Decompensation</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 2 2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-30, 1950</u> , to <u>Dec 1, 1950</u> , that I last saw the deceased alive on <u>11-30, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>L C Puckrell M.D.</u>				23b. ADDRESS <u>Baxter Springs, Kas</u>		23c. DATE SIGNED <u>12-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-7-50</u>		REGISTRAR'S SIGNATURE <u>Ed S. Reuther</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simons</u>			
				ADDRESS <u>Webb City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mortuary

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED / 12-11-50

Jasper County Health Office

( County File Number 50-11-890

( Date Filed 12-11-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Henry E. Quinn*

Licensed Embalmer No. 4463

P. O. Address *Wash City, Ind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.